

**NOTE:** The application must be certified by an authorized law enforcement officer as noted on the reverse side of the form.

**IF THE DOR-551 INSPECTION  
REVEALS A STATE ASSIGNED  
VEHICLE IDENTIFICATION NUMBER  
(DR NUMBER) IS REQUIRED,  
YOU MUST SUBMIT:**

A \$7.50 fee and \$2.50 processing fee for a state assigned vehicle identification number plate in addition to items 1 through 9 as previously outlined.

**MAIL APPLICATION AND ALL  
REQUIREMENTS TO:**

**For a regular title:** Motor Vehicle Bureau  
Special Titling Unit  
P.O. Box 2076  
Jefferson City, MO 65105-2076

**IF THE VIN PLATE OF A VEHICLE  
NEEDS TO BE REPLACED BECAUSE  
THE NUMBER IS ALTERED, DESTROYED  
OR MISSING, YOU MUST SUBMIT:**

1. An Application for Replacement of Vehicle/Vessel/Trailer Identification Number Plate (DOR-5062) completed, signed, notarized and certified by an authorized law enforcement officer as noted on the reverse of this form.
2. A copy of the front and back of the Missouri Certificate of Title in the applicant's name.

**NOTE:** If the title is assigned to an individual, he or she must also apply for an original title, and pay all sales taxes, a title fee and a title penalty, if applicable. A registered dealer is not required to apply for a title in the

dealership's name, but must submit a copy for the title assigned to them, comply with inspection requirements and pay the appropriate fee.

3. A \$7.50 replacement identification number plate fee and \$2.50 processing fee.

**MAIL APPLICATION AND ALL  
REQUIREMENTS TO:**

Motor Vehicle Bureau  
P.O. Box 2076  
Jefferson City, MO 65105-2076

The Missouri State Highway Patrol must affix the assigned or replacement vehicle identification number plate to the rebuilt vehicle. When application for title is made in conjunction with the identification number plate request, the title will not issue until the plate is affixed and verified by authorized law enforcement.

# TITLING REBUILT VEHICLES

MISSOURI DEPARTMENT OF REVENUE DRIVER AND VEHICLE SERVICES BUREAU APPLICATION FOR REPLACEMENT OF VEHICLE/VESSEL/ TRAILER IDENTIFICATION NUMBER PLATE		FORM 923 (REV. 5-05)	REPLACEMENT PLATE CONTROL NO.
<b>SEE INSTRUCTIONS ON REVERSE</b> VALUATION UNIT			
<b>APPLICANT</b> REGISTERED OWNER (STATE, TRAIL, VESSEL) STREET, RAIL OR PO BOX NUMBER CITY STATE ZIP CODE			
<b>MOTOR VEHICLE/TRAILER</b> TYPE MAKE MODEL YEAR VEHICLE IDENTIFICATION NUMBER REGISTRATION NUMBER LICENSE NUMBER DATE OF VIN PLATE REPORTED TO USE COLOR REASON REQUESTED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED			
<b>VESSEL/OUTBOARD MOTOR</b> TYPE MAKE MODEL YEAR VESSEL IDENTIFICATION NUMBER REGISTRATION NUMBER RECONSTRUCTION NUMBER DATE OF VIN PLATE REPORTED TO USE LENGTH MATERIAL TYPE OF PROPULSION REASON REQUESTED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED			
<b>SIGNATURE</b> I certify that the statements above are true and that I am the registered owner of the above described vehicle(s). APPLICANT'S SIGNATURE			
<b>NOTARY INFORMATION</b> DATE SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR NOTARY PUBLIC SIGNATURE BY COMMISSION EXPIRES RENEWED PUBLIC NAME (PRINTED OR PRINTED)			
<b>FOR AUTHORIZED LAW ENFORCEMENT AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE</b> I certify that on _____ I physically inspected the above described vehicle/vessel/outboard motor after the applicant provided satisfactory proof of ownership and found the vehicle/hull identification number(s) to be: VIN COLOR DATE This VIN plate listed below must be surrendered at the time a new replacement number is issued. DATE TIME EXAMINER'S SIGNATURE TELEPHONE NUMBER BRIDGE NO. I certify that on _____ I did affix the replacement plate, control number _____ issued by the Department of Revenue to the above vehicle. <input type="checkbox"/> The outstanding VIN plate listed above has been surrendered and forwarded to the Missouri State Highway Patrol, Auto Theft Unit. LAW ENFORCEMENT AGENCY LAW ENFORCEMENT OFFICER BRIDGE NO. REMARKS AND DISCREPANCIES NOTED			

**Missouri Department of Revenue  
Motor Vehicle Bureau  
301 West High Street  
P.O. Box 100  
Jefferson City, MO 65105-0100  
(573) 751-4509**

## TITLING A REBUILT MOTOR VEHICLE/OBTAINING A VEHICLE IDENTIFICATION NUMBER PLATE

When you purchase a motor vehicle and a Salvage Certificate of Title has been assigned to you, you must have the rebuilt vehicle examined by authorized law enforcement (see item four below). In some cases, the examination may reveal that your vehicle needs a new or replacement identification number plate. The requirements are outlined in this brochure.

You must submit the requirements outlined below before you can title your rebuilt vehicle. The new certificate of title that issues in your name will be designated as "Prior Salvage" on the face of the title. If you have any questions regarding the information outlined in this brochure, please call (573) 751-4509.

### TITLING REQUIREMENTS

1. A Salvage Certificate of Title assigned to you;

**NOTE:** If the title is not a "conforming" title that meets federal odometer disclosure requirements, you must attach an odometer disclosure statement to the salvage title for a vehicle less than 10 years old.

2. A bill of sale indicating the purchase price of the vehicle;
3. An Application for Missouri Title and License (DOR-108) completed and signed;
4. A Vehicle Examination Certificate (DOR-551);

**NOTE:** The white copy must accompany your application. The applicant should complete the top half of the form and the Missouri State Highway Patrol Inspector or other authorized officer must complete the bottom portion.

You may purchase this form for \$25.00 with a \$2.50 processing fee applied from a license office, or from the Motor Vehicle Bureau, P.O. Box 2076, Jefferson City, MO 65105-2076. Upon receipt of the form, you must make an appointment with an authorized law enforcement agent to inspect the vehicle.

MISSOURI DEPARTMENT OF REVENUE MOTOR VEHICLE BUREAU PO BOX 2076, JEFFERSON CITY, MO 65105-2076 (573) 528-5800 WWW.MO.gov/DMV		FORM 551 (REV. 9-2009)		ALL BILLS OF SALE FOR PARTS LISTED <u>MUST</u> BE IN APPLICANT'S NAME AND <u>MUST</u> ACCOMPANY THIS FORM WHEN SUBMITTED TO THE MISSOURI DEPARTMENT OF REVENUE FOR TITLE. THIS FORM <u>MUST</u> BE SUBMITTED TO THE CENTRAL OFFICE ONLY.	
<b>VEHICLE EXAMINATION CERTIFICATE</b>					
APPLICANT					
1. APPLICANT'S NAME (VEHICLE OWNER)					
2. STREET ADDRESS					
3. CITY					
4. STATE					
5. ZIP CODE					
6. TELEPHONE NUMBER					
7. SALVAGE BUSINESS NO. (DEALER NO. IF APPLICABLE)					
8. MOTOR VEHICLES — LIST BELOW ANY OF THE FOLLOWING PARTS AND THE CORRESPONDING INFORMATION THAT WERE REPLACED: CONVL, REAR CLIP FRAME, BODY, CAR FRONT CLIP, FRONT-DRIVE ASSEMBLY, MOTOR, OR TRANSMISSION. MOTORCYCLES — LIST BELOW ANY OF THE FOLLOWING PARTS AND THE CORRESPONDING INFORMATION THAT WERE REPLACED: MOTOR, FRAME, OR TRANSMISSION. NO LISTED PARTS OR INFORMATION THAT IS DELETED ON A MOTOR VEHICLE, SEE REVERSE SIDE FOR MORE INFORMATION ON PARTS.					
PART REPLACED					
YEAR					
MAKE					
SERIAL NUMBER					
TITLE NUMBER					
STATE					
9. MOTOR VEHICLES — LIST ANY OTHER ESSENTIAL COMPONENT PARTS SUCH AS BUMPER, DOORS, FENDER, GRILLE, HOOD, OR TRUNK LID. MOTORCYCLES — LIST ANY OTHER ESSENTIAL COMPONENT PARTS SUCH AS LOWER LID, FENDER, GAS TANK, OR SUSPENSION PARTS. ATTACH CORRESPONDING BILLS OF SALE IN THE APPLICANT'S NAME. TAXES ARE DUE ON PARTS UNLESS PAID AT TIME OF PURCHASE.					
10. IF NO PARTS USED, INDICATE REASONS NO PARTS USED: <input type="checkbox"/> STOLEN/RECOVERED <input type="checkbox"/> FLOODING DAMAGE ONLY					
11. IF NO PARTS USED, INDICATE REASONS NO PARTS USED: <input type="checkbox"/> OUT OF STATE VERIFICATION <input type="checkbox"/> ABANDONED PROPERTY <input type="checkbox"/> ABANDONED ON REAL ESTATE <input type="checkbox"/> OTHER (EXPLAIN)					
12. IF NO PARTS USED, DESCRIBE REPAIRS					
13. LIST THE YEAR, MAKE, AND VEHICLE IDENTIFICATION NUMBER OF THE VEHICLE BEING REBUILT					
14. I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
15. SIGNATURE OF OWNER OR AUTHORIZED AGENT OF BUSINESS					
16. DATE					
DO NOT WRITE BELOW THIS LINE					
TO BE COMPLETED BY AUTHORIZED PERSONNEL OF THE MISSOURI HIGHWAY PATROL OR SE LOUIS CITY/COUNTY AUTO THEFT.					
17. COLOR					
18. YEAR					
19. PUBLIC VIN					
20. YEAR					
21. MAKE					
22. POLICE VIN					
23. YEAR					
24. MODEL					
25. HP					
26. ENGINE VIN					
27. YEAR					
28. BODY STYLE					
29. STYLING VIN					
30. YEAR					
31. RELEASE					
32. FEDERAL LABEL					
33. CHECK WHICH OF THE FOLLOWING PARTS WERE CHANGED: <input type="checkbox"/> CONVL <input type="checkbox"/> REAR CLIP <input type="checkbox"/> FRAME <input type="checkbox"/> BODY <input type="checkbox"/> CAB <input type="checkbox"/> FRONT CLIP <input type="checkbox"/> FRONT-END ASSEMBLY <input type="checkbox"/> MOTOR/ENGINE <input type="checkbox"/> TRANSMISSION					
34. THIS IS A NON-USA BTD MOTOR VEHICLE <input type="checkbox"/>					
35. CONDITION OF VEHICLE/PROPERTY: <input type="checkbox"/> NO APPARENT DAMAGE <input type="checkbox"/> DAMAGE/REPAIRS (EXPLAIN IN BLOCK 36) <input type="checkbox"/> DAMAGE/DENIED — SALVAGE TITLE <input type="checkbox"/> RECOMMENDED (EXPLAIN IN BLOCK 36)					
36. REMARKS OR ANY DISCREPANCIES NOTED (USE ADDITIONAL SHEET OF PAPER IF NECESSARY)					
37. VERIFIED VEHICLE BEING REBUILT (SEE 100)					
38. RECOMMENDED FOR ISSUE: <input type="checkbox"/> REPLACEMENT VIN <input type="checkbox"/> OR #					
39. I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT MY PHYSICAL INSPECTION OF THIS VEHICLE ON					
20 _____ DISCLOSED THE INFORMATION IN ITEMS 11 THRU 28 AND THAT NO PERTINENT SERIAL NUMBERED PARTS OR VEHICLE IDENTIFICATION NUMBERS CAME FROM OR BELONG TO STOLEN VEHICLES.					
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